

Arkansas

Spinal Courier

A Publication of the Arkansas State Spinal Cord Commission

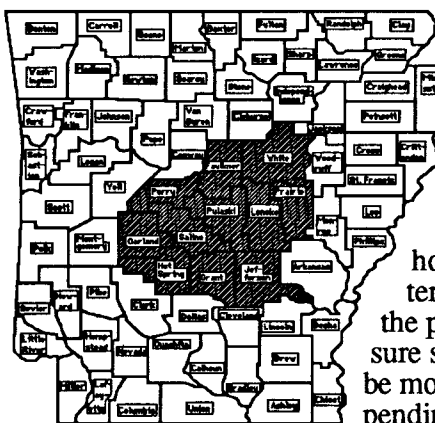
November, 1989

Pressure Sore Prevention is Goal of Arkansas Grant

The Arkansas State Spinal Cord Commission is the recipient of an exciting grant for the prevention of decubiti (pressure sores) from the national Centers for Disease Control in Atlanta.

The purpose of the grant is:

- To identify spinal cord injured people who have chronic pressure sores.
- To document the incidence and cost of pressure sores.
- To provide in-home education for these individuals.
- To incorporate decubiti prevention into hospital and rehabilitation center discharge planning.



The project is limited to an eleven county area in central Arkansas (Pulaski, Faulker, White, Lonoke, Prairie, Jefferson, Grant, Saline, Garland, Hot Spring and Perry).

These counties contain one third of the state's total population and 41% of the state's spinal cord disabled population.

The project features home visits by registered nurses trained in the prevention of pressure sores. Patients will be monitored regularly depending on the severity of their condition. By studying Arkansans who have pressure sores and by using an in-home approach to educate patients on their prevention, we can decrease the incidence of this secondary disability.



ASSCC client Darren Schenebeck is in his eighth season with Rollin Razorbacks.

ROLLIN RAZORBACKS BEGIN SEASON

The Arkansas Rollin Razorbacks begin their 1989-90 National Wheelchair Basketball Association season rated Number 6 in the nation. Playing as an independent team this year, they will play across the country and host 3 major round robin tournaments. All games are played at Sylvan Hills High in Sherwood. Spectators are welcome. Wheelchair basketball is played by NCAA rules, with two exceptions: traveling is constituted by no more than 2 pushes on the wheels without passing, dribbling or shooting the ball; and offensive players may remain in the lane 5 minutes instead of 3.

The second Arkansas team, the Fort Smith Shooting Stars will compete in the Arkansas Valley Conference this year.

Rollin Razorbacks Home Schedule

Dec. 16-17 United Medical/Quickie Invitational (teams: Dallas, Tx., Mavericks; St. Louis, Mo., Rams; Kentucky Wildcats and New Jersey Eastern PVA Chargers).

Jan. 13-14 Worthen Classic (Fresno, CA, Red Rollers; Toledo, OH, Silverstreaks; Denver, CO, Nuggets; Minn. Rollin Timberwolves).

Feb. 10-11 Sherwood Chamber of Commerce Invitational (Dallas Texans; Music City (TN) Lightning; Kansas City, MO, Purple).

Rollin Razorbacks - Scheduled to play each Saturday at 1:00 & 7:00 p.m., Sunday at 9:00 a.m. and 1:00 p.m.

Arkansas *Spinal Courier*

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Sexuality Workshop Proposed

Sexuality is an important part of everyone's life. However, the impact of spinal injury on sexuality is often dealt with minimally or not at all as part of rehabilitation. If there is sufficient interest, the Spinal Cord Commission will sponsor a conference on sexuality for persons with spinal cord injury, their partners and interested health professionals - - probably in the Spring of 1990. If interested, please call or mail your name and address to: ASSCC, 1120 Marshall Street, Suite 207, Little Rock, AR 72202.

Urological Management for Spinal Cord Injury

by Shirley McCluer, M.D.

Bladder control is affected by damage to almost any part of the spinal cord and urinary complications are the most common reason for visits to a doctor after the first year of disability. There is no "perfect" method of management and even experts disagree about what to recommend in specific situations. Many problems can be prevented. However, even if you follow all instructions carefully there is no guarantee that problems will not occur.

The most common complications are bladder or kidney infections, stones, or urinary obstructions. Many times these do not cause symptoms early and the best way to make a diagnosis is to have regular urinary follow-up - before you get sick!

The most effective method of diagnosis is an IVP (intravenous pyelogram) which involves injecting a dye into the vein followed by X-rays. This procedure tests for stones, obstruction and proper kidney function. It should be done as soon as possible after onset of spinal injury then at least once a year. After the first 5 years it can be done about every 2 years for patients who have had no urinary problems. Many patients object to having an IVP because of the bowel prep the night before which interferes with a bowel program and causes bowel accidents. Most radiologists agree that the bowel prep is not necessary for SCI patients. Therefore, check with your doctor to see if it is okay for you to just do your regular bowel program the night before the test.

Several informational handouts are available regarding specific urological problems. If you have individual questions, please call your Case Manager or the ASSCC Central Office (371-1283).

Don't Drink and Drive!

Spasticity Workshop

Dr. McCluer has announced that a visiting professor from the University of Minnesota will be in Little Rock December 1 to lead a workshop on spasticity. The workshop will be at Baptist Rehabilitation Institute. Anyone having problems with spasticity who would like to be evaluated for a demonstration may contact Dr. McCluer at 1-686-5103 for more information.

From the Director

Fall is upon us once again, my favorite time of the year and a time for change: The leaves change colors, the weather changes and this Fall there is the prospect of a significant change in the lives and rights of people with disabilities.

The Americans with Disabilities Act (ADA) passed the Senate in September and has received public endorsement by President Bush. It should meet its last hurdle in the House of Representatives in the next few weeks. When it becomes law, the ADA will give people with disabilities protection against discrimination in jobs, accommodations and services. It will require mandatory wheelchair accessibility of all new buildings and renovation of existing ones. Its significance has been equated to the 1964 Civil Rights Act in its effect on minorities. We all await

final approval of this landmark piece of legislation and the changes that will result!

As the 1980's roll to an end, it is interesting to reflect on the changes the decade has brought to the lives of people with spinal cord injuries. Lightweight wheelchairs, accessible buses, SCI research efforts, improved medical and surgical procedures and the computerization of our world have all made an impact on our lives. Looking toward this last decade of the 20th Century we can only imagine what additional changes it will bring to all of us! As the holidays approach these changes serve to remind us how much we have to be thankful for.

Happy Holidays from all of us at the Commission to you and your families!

Cheryl L. Vines
Executive Director

ASSCC Helps Make A Dream Come True

John Silas Williams, 74, became paralyzed last year in a fall near his home in Okemah, Oklahoma. He was referred to the Arkansas State Spinal Cord Commission (ASSCC) in September by the Benton Services Center. Mr. Williams has a C 1-2 spinal cord injury and is dependent on a ventilator. The Benton unit, which is a seven hour drive from his home, was the closest facility his family could find to care for ventilator-dependent patients.

Upon meeting Mr. Williams and the ASSCC Case Manager found that he was quite homesick, even though his children and friends had visited regularly. What he wanted more than anything else was to go home. "We can't

change that," the Case Manager said, "but is there anything we can do to make you happier here? Anna, his nurse, suggested he would love to get some video tapes of the Billy Graham Crusade

ager asked if it might be possible for him to attend one of the services. "I never thought about anything like that," Anna responded. As she listed the necessary precautions, she said she didn't see why

this couldn't be arranged. Judy Whatley, the head nurse, was contacted with the request. Even though nothing like this had been attempted before, she said she would ask his doctor.

The following Monday, plans were made and it seemed that the entire staff of the

Nursing Center was involved in Mr. Williams' trip to the Crusade. Linda Lou Gordon, his daughter in Bradford, Arkansas, was contacted

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Billy Graham gestures a prayer to John Williams with Case Manager Martha Henderson and nurse, Leroy Oglesby. (Photo courtesy of Arkansas Gazette)

which would be in Little Rock the next week.

As they discussed Mr. William's physical condition, the Case Man-

Dealing with Stress

Stress has become a fact of American life and families with a member who has a spinal cord disability can experience even more stress. According to Psychotherapist Giselle Graves, M.S., who spoke recently at the 6th annual Spina Bifida Association Seminar, "Stress is like spice, a little is good but too much ruins the dish".

Learning to manage stress is essential to healthy well being, and to a positive family life. Stress can come from several sources including: our bodies, our surroundings and often, our thinking. Frequently, what we "tell ourselves" about a situation is far worse than reality. We begin to worry about a problem and exaggerate it until we have blown it out of proportion. Once the problem is bigger than we are, we give in to it and experi-

ence a "sinking spell." Ms. Graves noted several ways to prevent this. Most important, is to identify the cause - ask yourself what you were thinking when the sinking spell began. Become aware of your thoughts, recognize stressful situations and resolve them one step at a time. Recognize situations that are "unresolvable" and accept them. When things go well, give yourself credit. Have faith in yourself.

Ms. Graves recommended the following activities to relieve stress:

1. Exercise - walk or push for at least 20 minutes.
2. Avoid excess sugar, caffeine, salt and alcohol.
3. Pace your life - schedule your activities.
4. Limit involvement with those

who bring out anger and negative vibes in you.

5. Surround yourself with people you enjoy!
6. Learn to say "NO".
7. Love yourself as you are.
8. Stop blaming yourself for things out of your control.
9. Schedule fun time/leisure time for each person in family.
10. Acknowledge that there is not enough time.
11. Prioritize your activities and stick to them!
12. Don't worry about the past and future - live in the here and now.
13. Learn to RELAX.

Giselle Graves MS, is a Psychological Examiner/Psychotherapist with Behavior Management Systems in North Little Rock, AR.

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and planned to meet him at the Crusade. Nursing care, emergency equipment and transportation were arranged by the Nursing Center. The Crusade office mailed a packet with a map showing parking and seating areas for handicapped persons. The Center chaplain and ASSCC Case Manager contacted the Crusade office to see if a meeting with the evangelist could be arranged, but were told that the office received so many such requests they had to refuse all. In spite of this, Mr. Williams' homesickness was replaced with anticipation of the trip.

Equipped with pillow, a blanket, the electronic larynx which Mr. Williams needed to speak, Mr. Williams and two nurses, arrived at War Memorial Stadium for the Thursday night service. Ten minutes before time for the service to begin, Mr. Graham and a group of officials emerged at the gate near them. Mr. Graham turned and walked directly to him, putting his hand on Mr. Williams' and said, "Thank you very much for coming." He then made a gesture of prayer before greeting others nearby and going to the podium.

It was a event Mr. Williams will long remember. Since this outing,

the Nursing Center has made arrangements for him to attend church services occasionally in Benton. Now plans are underway for him to spend a couple of days in Bradford with his family at Christmas. ASSCC will provide a portable ramp to make the home accessible.

Pressure Sores Are Preventable!

Decubiti (pressure sores) are the most common and costly secondary disability associated with spinal cord injury. This entirely preventable complication occurs in 35-40% of persons with spinal cord injuries who have sensory and motor loss. Individuals with spinal cord injuries are especially susceptible to developing pressure sores. Pressure is the main cause of skin breakdowns. The areas which are particularly prone to pressure sores are those places which support the body's weight in bed or sitting up. Since most spinal cord injured individuals experience a decrease in sensation, signals which normally warn a person that he has been in one position too long are not communicated. It is important, therefore, for the spinal cord injured person to take preventive measures against unrelieved pressure.

Pressure sores do not just happen. To prevent them, do the following:

- Keep the skin clean and dry at all times.
- Check the skin twice daily to look for changes in color, heat, blisters, scrapes or draining wounds.
- Change position frequently.
- Sleep on a special mattress and sit on adequate cushions to reduce pressure.
- Eat a well-balanced diet.

If the skin shows signs of a breakdown:

- Identify and stop the cause at once!
- Keep all pressure off the area.
- Report pressure areas to your doctor immediately.

If the only way to avoid sitting on a pressure spot is to stay in bed, then go to bed until the skin looks normal in color. Do not sit up even for short periods. If you have a sitting sore and go to the doctor, ask to lie down until the doctor is ready to see you. Be sure the doctor looks at your sore!

Good skin care must be the first responsibility of the spinal cord injured and is an ongoing process. Do not take it for granted. Your health and life depend on it!

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